



AHIMA THOUGHT LEADERSHIP SERIES

# Accountable Care:

Implications for Managing  
Health Information

## INTRODUCTION

Healthcare is currently experiencing a critical shift: away from the current “the more a provider does, the more he/she gets paid” fee-for-service model to a robust, integrated model focusing on coordination of care. This view is taken by advocates of what is called “accountable care.” Accountable care can potentially change healthcare—and, in turn, change the way health information is captured, maintained, used, and shared. Current and new demands for data ensure an ongoing evolution in the required information tools needed to manage that data.

The spotlight on accountable care grew brighter with the creation of the Patient Protection and Affordable Care Act in March 2010. Section 3022 of this law requires the establishment of a “shared savings program” that “promotes accountability for a patient population and coordinates items and services under [Medicare] parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.”<sup>1</sup> A year later, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule in March 2011 that begins to clarify the role and expectations of ensuring the providers and other members of a patient’s team are accountable for the quality, cost savings, and efficiency of their care. One mechanism established to coordinate the effort is the development of accountable care organizations (ACOs).

What does providing accountable care mean for health information management (HIM)? While much remains to be seen, this paper begins to answer that question by exploring:

- » A summary of information about accountable care
- » The impact of accountable care on the way information is managed
- » Implications and considerations for those who manage health information

## WHAT IS ACCOUNTABLE CARE?

The idea of accountable care—an approach emphasizing provider assumption of risk for the quality of care, the cost of care, and patient satisfaction—is relatively new to those in the healthcare industry. A variety of models are emerging around the country, and most share the following characteristics or goals:

- » Patient-centered, well-coordinated care for a designated population of patients
- » Local decision-making
- » Focus on patient satisfaction
- » Real cost savings as a result of the above

## THE IMPORTANCE OF INFORMATION

“Information management—making sure patients and all health care providers have the right information at the point of care—will be a core competency of ACOs,” wrote CMS administrator Donald Berwick in the *New England Journal of Medicine*.<sup>2</sup> In fact, efficient, expedited exchange of business and clinical information among all stakeholders, including hospitals, payers, specialists, laboratories, pharmacies, post-acute/home care, primary care physicians, and patients, is absolutely critical for the success of the accountable care model. Much focus is placed upon the information technology that will be necessary for operating an ACO. Less apparent is the need for the information itself, which must be accurate, timely, protected, and accessible. High-quality information serves as the foundation for providing coordinated care for individuals and support for the financial viability of the ACO. Here are just a few ways information must be managed in support of an accountable care infrastructure:

- » Enabling effective care coordination across the continuum to develop a community of providers that actively collaborate in treating patients
- » Connecting system participants through real-time interoperable information exchange
- » Linking electronic health records (EHRs) to support population health and payment systems
- » Analyzing and reporting based on quality measurement requirements. Quality metrics is one method by which HHS can assess and determine the quality of care patients receive
- » Providing patients with the right information to accept responsibility for ongoing care

## INFORMATION MANAGEMENT TOOLS

To enable successful implementation of the strategies described above, institutions must develop an infrastructure of information management tools to support and leverage accurate health information. Conducting analysis on the data captured and stored serves as the foundation by which analytics support key clinical and business decisions. Ensuring data integrity through the management of accountable care facilitates this process. Listed below are key tools and processes to perform analyses of health information:

**Patient registries** are “databases of confidential patient information that can be analyzed to understand and compare the outcomes and safety of health care. The data may originate from multiple sources, including hospitals, pharmacy systems, physician practices, and insurance companies. Some registries include patients who have the same disease. Others are comprised of patients who have undergone a common surgical procedure or received a newly approved medication.”<sup>3</sup>

Registries can serve as a powerful and rich source of concentrated health information or general data to support analysis and modeling. They enable population health—a critical competency for accountable care. For example, analyzing registry information through data mining or other methods can help identify patterns and behaviors or even provide the opportunity to identify unknown patterns to bring to light issues not previously understood or acknowledged.

**Predictive modeling** is a process used widely in information technology in which users can create sample scenarios or automated forecasting probabilities and trends. Through this process, variable factors are introduced likely to influence future results upon which decisions can be made. Patient factors such as age, gender, disease processes, and race may all be influential factors in determining the kind of care delivered. Developing these models helps determine the providers necessary for the care of the patient, thereby reducing speculation and increasing efficiencies and collaboration among providers. This tool is critical in accountable care environments to tailor the delivery of care based upon the patients participating in the program.

**EHR integration** is a growing trend, driven by the need to become interoperable. Accountable care will no doubt ramp up the pressure to provide timely and accurate care that “travels” with the patient as he/she receives care from a variety of providers. As the accountable care model becomes more prevalent, the need for interoperable EHRs will become critical, with benefits such as:

- » Improved coordination of care for patients who transition between hospital and ambulatory care venues
- » Streamlined hospital/practice workflows via functions such as order entry and results review
- » Improved use of supporting guidelines and comparative effectiveness
- » Support for meaningful use criteria and other quality measurement initiatives

#### Models of EHR integration include:

- » **Patient/provider portals** enabling improved collaboration within the ACO ecosystem and allow patients to be more engaged in the care they receive. This capability does not need to be a complex one, considering the various and disparate systems that hold and maintain patient information.
- » **Health-enabling information exchange** is a more complex solution that requires significant resources but can provide and share more comprehensive health information to support the patient.
- » **Integrated administrative and clinical databases** for analytics offer a rich source of information from which to analyze and report clinical quality measures, calculate risk adjustments, and achieve pay-for-performance incentives. However, administrative data is severely limited; it doesn’t distinguish between comorbidities and complications, it limits the number of secondary diagnoses that can be reported, and it may not fully



#### HIM PROFESSIONAL LEADERSHIP

Accountable care represents a significant opportunity for health information managers to adapt, showcase their skills, and lead. To do so, health information managers should:

- » Position themselves to assume a leadership role in the planning and implementing of organizational changes necessary to support implementation of accountable care
- » Take the initiative to educate self and others not only about the coming regulatory changes but also the business environment in which ACOs will operate
- » Collaborate with all stakeholders in the success of accountable care, including patients—their satisfaction depends in part on how information is managed—and individual providers—the source of the clinical information vital to the ACO
- » Recognize this major change requires superior change management skills.

leverage ICD codes due to existing coding regulations. In this new model of providing quality care and ensuring accountability, a comprehensive picture critical. According to a study conducted by the Agency for Healthcare Research and Quality, integrating present on admission data and lab data significantly enhances administrative data. This further aids providers and their quality measurement and reporting initiatives.<sup>4</sup>

**Reminder systems** can be integral to encouraging patient compliance with activities such as provider appointments, taking prescribed medication, and nutrition requirements. Achieving patient compliance is critical for reaching the accountable care

goals of reducing costs and improving care. Therefore, patients participating in the program are expected to actively engage in their care and treatment plans, and reminder systems can help.

**Episode of care analytics** is viewed as a resourceful mechanism to analyze the resources used during an episode of care and their variances for a patient. Through increased use of automated methods, information within a condition-specific episode of care may be parsed to pinpoint the variances in resources used. This data may be leveraged to address vulnerabilities or gaps in care delivery.

## CHANGING THE HEALTH INFORMATION MANAGEMENT FRAMEWORK

Historically, major changes in the US healthcare system have heralded fundamental changes in the way health information is used and managed. Much like the inception of the Medicare program in the 1970s, the institution of diagnosis-related groups (DRGs) and prospective payment systems in the 1980s, the adoption of managed care in the 1990s, and the implementation of HIPAA in the last decade, the initiation of accountable care is widely anticipated to be transformative. It thereby requires major shifts in thinking and updated practices in the use and management of health information.

Information has always been the lifeblood of the healthcare delivery

system, but there is little doubt that new approaches to the management of health information are central and necessary to the success of accountable care. A well-thought-out and carefully constructed approach to HIM is crucial to having the readily available high-quality healthcare data, information, and analytics required for healthcare organizations to survive and thrive in this new environment. The HIM framework must be re-configured to provide optimal support for the essential features of accountable care, including:

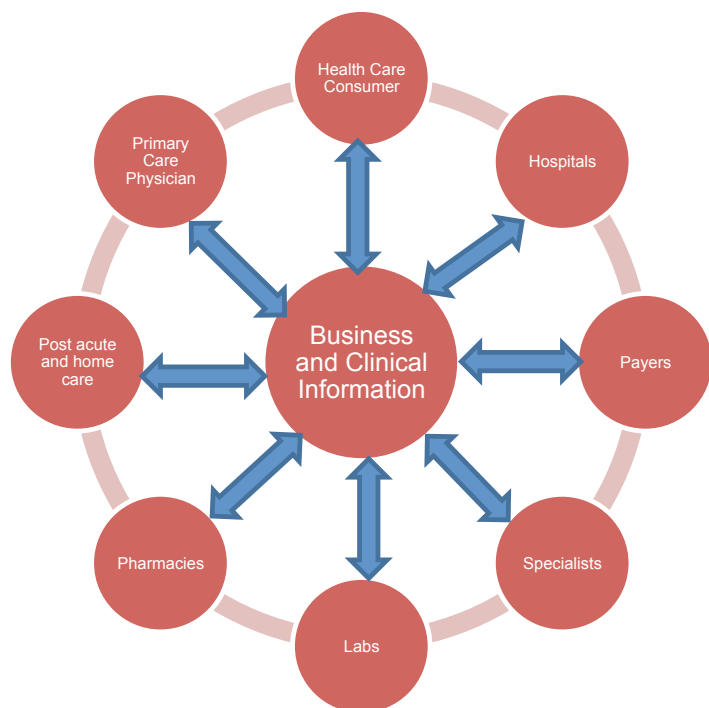
- » Close coordination of care
- » New payment models that recognize improved performance and quality instead of the volume of services provided
- » Quality measurement
- » Patient-centeredness

Indeed, it is widely acknowledged that an ACO's viability depends on having such a framework in place.

At a minimum, HIM strategies will need to address:

- » Greater integration of healthcare information across the continuum of care
- » Processes and systems that promote understanding and use of health information by patients and families
- » Re-framing the way coded data and information is used to obtain payment in a system that rewards quality and efficiency of services over the traditional emphasis on the quantity of services

## ACO CONCEPTUAL MODEL



## CHANGING OUR CONCEPT OF 'THE RECORD'

The conventional view of health information has been as an episodic-focused, document-based medical record created and maintained within one unique healthcare organization—a hospital or medical practice, long-term care setting, or home health agency. Both paper-based record systems and EHR systems are based on this model. However, significant modifications to this model may need to occur as fundamental changes in the healthcare system take place. To accommodate these changes, those who manage health information need to redesign their systems and answer questions such as:

- » Would a truly patient-centric, longitudinal model integrating information from a variety of care levels and settings better fit the need to coordinate care and eliminate fragmentation? If so, what are the implications for management of the official "record of care" or legal health record?
- » Patient engagement is a central feature of accountable care. Does the health record need to routinely incorporate patient-generated health information on lifestyle and management of chronic conditions in addition to clinical information?
- » Electronic exchange of information among healthcare organizations is anticipated to be an important aspect of accountable care. Much of this takes the form of data elements as opposed to documents. How will the information management life cycle need to change to accommodate this type of information?



## SUPPORTING PATIENTS IN UNDERSTANDING AND USING HEALTH INFORMATION

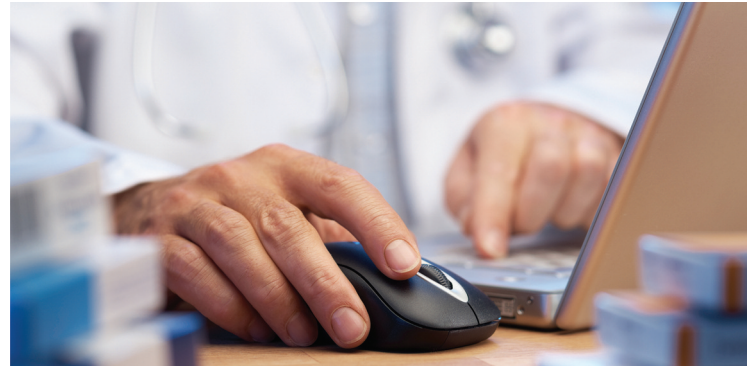
Increased access to personal health information is key to enabling patient engagement. Such access can positively or negatively affect the individual's experience of care and the level of satisfaction with that care. Information systems and management that educate individuals about their health and ensure the accuracy and integrity of their personal health information will likely become an expectation. This reality prompts several considerations and questions for managers of health information, including:

- » Increased access to health information most likely will result in challenges to the accuracy and completeness of health information. What proactive steps can be taken to ensure information meets these standards? When accuracy or integrity is questioned by the individuals to whom the information pertains, what processes are in place that expedite corrections or amendments? Will the manual processes in place today suffice, or will new automated processes that expedite making corrections and amendments be necessary?
- » Data integrity is an issue that will only gain more prominence and importance under accountable care. But in the future, the patient may play a more prominent role in maintaining integrity and accuracy. What tools are necessary to support this?

## CODING FOR QUALITY, EFFICIENCY, AND RISK MANAGEMENT

In the fee-for-service model that has developed over the past 30 years in US healthcare, diagnostic and procedural coding is come to be regarded as the single most important driver of reimbursement to providers for the healthcare services they provide. Under accountable care models, coding, no doubt, will continue to play a vital role in understanding risk, measuring and reporting quality, and advancing the understanding of comparative effectiveness. However, managers of health information may want to reflect on the following:

- » How will the function of coding, as part of the revenue cycle, change?
- » Will medical language standards and codes assume even greater importance and adoption as efficient information exchange becomes the lifeblood of the ACO?
- » Will the changing dynamics of the payment system—that is, de-emphasis on the volume of services provided—result in a return to the original purpose of classifying similar patients, diagnoses, and services to better understand the dynamics of care and conduct research, quality, and planning efforts?



### FOCUS ON ACOS

Specific attention must be paid to the ACO model discussed in the proposed rule.

In the proposed rule, an ACO is a group of providers of healthcare services and suppliers who form a legal entity to be accountable for the quality, cost, and overall care of a population of patients. The ACO participants will work together to coordinate care across the continuum and share both the payment and responsibility for the quality of care provided. The goal of the program is to eliminate duplication and waste as well as to save consumers time and money as they move among physician offices, hospitals, and other facilities.

In addition, ACOs will publicly provide information about the quality of care their providers deliver and track, and report outcomes on more than 60 different clinical quality measures, according to CMS. Consumers obtaining care from ACOs will be surveyed annually about their experiences. If an ACO's quality and patient satisfaction scores are higher than expected and the ACO exceeds a minimum savings rate, it is eligible to receive a percentage of the shared savings.

ACO providers will be required to notify consumers that they are participating in ACOs. However, consumers will still be able to see doctors of their choice outside the network without paying more. They may also opt out of sharing their personal health information with ACO providers, according to the proposed rule.



### CONCLUSION

Accountable care represents a significant shift in the way healthcare is delivered. The way health information is created, consumed, and managed is crucial in this transition. Indeed, developing and managing the health information resource will be a universal, mission-critical function in the shift to quality, efficient, and accountable care.

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